



**STAFF SERVICES ANALYST (GENERAL)
TRANSFER EXAM REQUEST**

APPLICANTS – PLEASE COMPLETE INFORMATION BELOW

NAME (Last)	(First)	(M.I.)	SSN – last 4 digits
MAILING ADDRESS:			WORK TELEPHONE NUMBER ()
Signature/Date			HOME TELEPHONE NUMBER

ANSWER THE FOLLOWING QUESTIONS:

1. Are you currently employed by Office of Statewide Health Planning & Development? Yes [] No []

If yes, what Division/Unit _____

2. Your current classification title: _____

3. Do you need reasonable accommodation to take a written exam? YES [] NO []

(If yes, you will be contacted to make special arrangements)

DO NOT COMPLETE SECTION BELOW – FOR HR USE ONLY

HR – PAYROLL SPECIALIST

HIGHEST PERMANENT – AO 1 APPOINTMENT:

CLASS CODE: _____ CLASS TITLE:

TENURE/TIMEBASE _____ SALARY RANGE (if applicable)

ELIGIBLE FOR TRANSFER YES [] NO []

(TRANSFER DETERMINATION WORKSHEET ATTACHED FOR AUDIT PURPOSES)

Transfer Eligibility Determined by: _____ Date

Transfer Eligibility Verified by: _____ Date

HR - ANALYST

Date Test Scheduled: _____ Date notified of test: _____

Points: _____ ☐ Pass ☐ Fail Scored By: _____

Date Score Entered: _____ Date Results Sent: _____

Privacy Statement

This information is requested by the OSHPD HR Office, per SPB Rule 174; Disclosure of your Social Security Number is required to verify civil service eligibility for the SSA transfer examination.